

Detroit-Wayne Integrated Health Network
AMI Residential - Contract Program
Standard Rates - Effective 10/01/2020 - Version 2

Effective October 1, 2020, the procedure code H0043 (per diem) for Community Living Services provided in an unlicensed residential setting will be retired by MDHHS. Procedure code H2015 (15-minutes) will be the only code used to report Community Living Services in an unlicensed residential setting. On June 1, 2020, two new rates were developed for H2015, along with two new local modifiers (i.e., L1 and L2), to support the billing the new rates. Also effective on October 1, 2020, MDHHS has discontinued the use of the "TT" modifier and replaced it with five new "U" modifiers, with new rates as indicated below. No changes were made the the licensed per diem codes H2016 and T1020.

Unlicensed - 15 minute Code for Community Lving Supports (POS=12)

Procedure Code and Description	Modifier	Rate
H2015 - Comprehensive Community Support Services - One Member/One Staff, (1 to 19 Units)	L1; S1	\$8.73
H2015 - Comprehensive Community Support Services - 2 Members; 1 Staff, (1 to 19 Units)	L1; UN; S1	\$4.37
H2015 - Comprehensive Community Support Services - 2 Members; 2 Staff, (1 to 19 Units)	L1; UN; S2	\$8.73
H2015 - Comprehensive Community Support Services - 2 Members; 3 Staff, (1 to 19 Units)	L1; UN; S3	\$13.10
H2015 - Comprehensive Community Support Services - 2 Members; 4 Staff, (1 to 19 Units)	L1; UN; S4	\$17.46
H2015 - Comprehensive Community Support Services - 3 Members; 1 Staff, (1 to 19 Units)	L1; UP; S1	\$2.91
H2015 - Comprehensive Community Support Services - 3 Members; 2 Staff, (1 to 19 Units)	L1; UP; S2	\$5.82
H2015 - Comprehensive Community Support Services - 3 Members; 3 Staff, (1 to 19 Units)	L1; UP; S3	\$8.73
H2015 - Comprehensive Community Support Services - 3 Members; 4 Staff, (1 to 19 Units)	L1; UP; S4	\$11.64
H2015 - Comprehensive Community Support Services - 4 Members; 1 Staff, (1 to 19 Units)	L1; UQ; S1	\$2.18
H2015 - Comprehensive Community Support Services - 4 Members; 2 Staff, (1 to 19 Units)	L1; UQ; S2	\$4.37
H2015 - Comprehensive Community Support Services - 4 Members; 3 Staff, (1 to 19 Units)	L1; UQ; S3	\$6.55
H2015 - Comprehensive Community Support Services - 4 Members; 4 Staff, (1 to 19 Units)	L1; UQ; S4	\$8.73
H2015 - Comprehensive Community Support Services - 5 Members; 1 Staff, (1 to 19 Units)	L1; UR; S1	\$1.75
H2015 - Comprehensive Community Support Services - 5 Members; 2 Staff, (1 to 19 Units)	L1; UR; S2	\$3.49
H2015 - Comprehensive Community Support Services - 5 Members; 3 Staff, (1 to 19 Units)	L1; UR; S3	\$5.24

Detroit-Wayne Integrated Health Network
AMI Residential - Contract Program
Standard Rates - Effective 10/01/2020 - Version 2

Procedure Code and Description	Modifier	Rate
H2015 - Comprehensive Community Support Services - 5 Members; 4 Staff, (1 to 19 Units)	L1; UR; S4	\$6.98
H2015 - Comprehensive Community Support Services - 6 or More Members; 1 Staff, (1 to 19 Units)	L1; US; S1	\$1.46
H2015 - Comprehensive Community Support Services - 6 or More Members; 2 Staff, (1 to 19 Units)	L1; US; S2	\$2.91
H2015 - Comprehensive Community Support Services - 6 or More Members; 3 Staff, (1 to 19 Units)	L1; US; S3	\$4.37
H2015 - Comprehensive Community Support Services - 6 or More Members; 4 Staff, (1 to 19 Units)	L1; US; S4	\$5.82
H2015 - Comprehensive Community Support Services - One Member/One Staff, (20 to 96 Units)	L2; S1	\$4.64
H2015 - Comprehensive Community Support Services - 2 Members, 1 Staff, (20 to 96 Units)	L2; UN; S1	\$2.32
H2015 - Comprehensive Community Support Services - 2 Members, 2 Staff, (20 to 96 Units)	L2; UN; S2	\$4.64
H2015 - Comprehensive Community Support Services - 2 Members, 3 Staff, (20 to 96 Units)	L2; UN; S3	\$6.96
H2015 - Comprehensive Community Support Services - 2 Members, 4 Staff, (20 to 96 Units)	L2; UN; S4	\$9.28
H2015 - Comprehensive Community Support Services - 3 Members, 1 Staff, (20 to 96 Units)	L2; UP; S1	\$1.55
H2015 - Comprehensive Community Support Services - 3 Members, 2 Staff, (20 to 96 Units)	L2; UP; S2	\$3.09
H2015 - Comprehensive Community Support Services - 3 Members, 3 Staff, (20 to 96 Units)	L2; UP; S3	\$4.64
H2015 - Comprehensive Community Support Services - 3 Members, 4 Staff, (20 to 96 Units)	L2; UP; S4	\$6.19
H2015 - Comprehensive Community Support Services - 4 Members, 1 Staff, (20 to 96 Units)	L2; UQ; S1	\$1.16
H2015 - Comprehensive Community Support Services - 4 Members, 2 Staff, (20 to 96 Units)	L2; UQ; S2	\$2.32
H2015 - Comprehensive Community Support Services - 4 Members, 3 Staff, (20 to 96 Units)	L2; UQ; S3	\$3.48
H2015 - Comprehensive Community Support Services - 4 Members, 4 Staff, (20 to 96 Units)	L2; UQ; S4	\$4.64
H2015 - Comprehensive Community Support Services - 5 Members, 1 Staff, (20 to 96 Units)	L2; UR; S1	\$0.93
H2015 - Comprehensive Community Support Services - 5 Members, 2 Staff, (20 to 96 Units)	L2; UR; S2	\$1.86
H2015 - Comprehensive Community Support Services - 5 Members, 3 Staff, (20 to 96 Units)	L2; UR; S3	\$2.78
H2015 - Comprehensive Community Support Services - 5 Members, 4 Staff, (20 to 96 Units)	L2; UR; S4	\$3.71

Detroit-Wayne Integrated Health Network
AMI Residential - Contract Program
Standard Rates - Effective 10/01/2020 - Version 2

Procedure Code and Description	Modifier	Rate
H2015 - Comprehensive Community Support Services - 6 or More Members, 1 Staff, (20 to 96 Units)	L2; US; S1	\$0.77
H2015 - Comprehensive Community Support Services - 6 or More Members, 2 Staff, (20 to 96 Units)	L2; US; S2	\$1.55
H2015 - Comprehensive Community Support Services - 6 or More Members, 3 Staff, (20 to 96 Units)	L2; US; S3	\$2.32
H2015 - Comprehensive Community Support Services - 6 or More Members, 4 Staff, (20 to 96 Units)	L2; US; S4	\$3.09

Licensed - Per Diem Code for Community Living Supports (POS=14)

Procedure Code and Description	Modifier	Rate
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 0.50 hours/day).	L5	\$28.84
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 0.75 hours/day).	L5	\$36.54
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 1.00 hour/day).	L5	\$44.24
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 1.25 hours/day).	L5	\$51.94
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 1.50 hours/day).	L5	\$59.65
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 1.75 hours/day).	L5	\$67.35
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 2.00 hours/day).	L5	\$75.05
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 2.25 hours/day).	L5	\$82.75
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 2.50 hours/day).	L5	\$90.46
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 2.75 hours/day).	L5	\$98.16
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 3.00 hours/day).	L5	\$105.86
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 3.25 hours/day).	L5	\$113.56
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 3.50 hours/day).	L5	\$121.27
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 3.75 hours/day).	L5	\$128.97
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 4.00 hours/day).	L5	\$136.67

Detroit-Wayne Integrated Health Network
AMI Residential - Contract Program
Standard Rates - Effective 10/01/2020 - Version 2

Procedure Code and Description	Modifier	Rate
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 4.25 hours/day).	L5	\$141.31
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 4.50 hours/day).	L5	\$145.95
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 4.75 hours/day).	L5	\$150.59
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 5.00 to 7.75 hours/day).	L1	\$155.23
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 8.00 to 10.75 hours/day).	L2	\$185.40
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 11.00 to 14.75 hours/day).	L3	\$232.00
H2016 - Comprehensive Community Supports Services per Diem, 24 Hours per Day (Staff intensity = 15.00 to 20.75 hours/day).	L4	\$324.80

Licensed - Per Diem Code for Personal Care (POS=14)

Procedure Code and Description	Modifier	Rate
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 0.50 hours/day).	L5	\$28.84
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 0.75 hours/day).	L5	\$36.54
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 1.00 hours/day).	L5	\$44.24
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 1.25 hours/day).	L5	\$51.94
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 1.50 hours/day).	L5	\$59.65
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 1.75 hours/day).	L5	\$67.35
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 2.00 hours/day).	L5	\$75.05
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 2.25 hours/day).	L5	\$82.75
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 2.50 hours/day).	L5	\$90.46
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 2.75 hours/day).	L5	\$98.16
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 3.00 hours/day).	L5	\$105.86
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 3.25 hours/day).	L5	\$113.56
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 3.50 hours/day).	L5	\$121.27

Detroit-Wayne Integrated Health Network
AMI Residential - Contract Program
Standard Rates - Effective 10/01/2020 - Version 2

Procedure Code and Description	Modifier	Rate
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 3.75 hours/day).	L5	\$128.97
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 4.00 hours/day).	L5	\$136.67
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 4.25 hours/day).	L5	\$141.31
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 4.50 hours/day).	L5	\$145.95
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 4.75 hours/day).	L5	\$150.59
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 5.00 to 7.75 hours/day).	L1	\$155.23
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 8.00 to 10.75 hours/day).	L2	\$185.40
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 11.00 to 14.75 hours/day).	L3	\$232.00
T1020 - Personal Care per Diem, 24 Hours per Day (Staff intensity = 15.00 to 20.75 hours/day).	L4	\$324.80